



INTERGRATION OF AE INTO EMEDS +10 FORMAL COURSE

This briefing is
UNCLASSIFIED

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CURRENT PLAN OF INSTRUCTION (POI) OVERVIEW

Title:

Aeromedical Evacuation: Decisions and Patient Administration

Objective:

The EMEDS Team member will recognize the Aeromedical Evacuation patient classification, movement procedures and precedence IAW AMCSP 164-50, Vol 1, World Wide Aeromedical Evacuation and AFI 41-301, Vol 1 and 3, Aeromedical Evacuation Training Standards

This slide is optional.

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CURRENT POI OVERVIEW

Samples of Behavior:

- **Recognize appropriate patient classification**
- **Discuss how patient precedence is determined**
- **Perform the necessary administrative functions to enter a patient into the Aeromedical Evacuation system**
- **Discuss the role of Aeromedical Evacuation Coordination Team (AECT)**

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CURRENT POI OVERVIEW

Title:

Aeromedical Evacuation: Patient Transport/Aircraft Loading

Objective:

Given an opportune vehicle, the EMEDS Team members will safely load and transport patients to an aircraft mock-up IAW AMCSP 164-50, Vol 1, World Wide Aeromedical Evacuation and AFI 41-301, Vol 1 and 3, Aeromedical Evacuation Training Standards

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CURRENT POI OVERVIEW

Samples of Behavior:

- **Given various types of patient litters, the students will transport and load the patients onto a vehicle**
- **The student will discuss the procedure for loading a patient onto an aircraft**



CURRENT POI OVERVIEW

- **Day 1: PAM ADVON Team Training (~8 hours) based on AMC Pamphlet 11-303**
- **Day 3 AM: AECT comes to site, interfaces with EMEDS/CC to determine status, PAR, contingency issues. Ensures functional telephonic (phone, fax, e-mail) connection to geographically separated AECT site**
- **Day 3 PM: EMEDS/CC designated medic coordinates with AECT for urgent (CCT Team) or routine patient AE**



CURRENT POI OVERVIEW

- Day 3-5 (based on AELT feedback):
 - CCT students arrive at site, assumes care of stabilized patient (live tissue lab), transports urgent patient to airhead
 - EMEDS/CC designated medics transports routine patients to airhead using vehicle of opportunity based on AELT airflow timeline
- Still coordinating a Medivac helicopter out of Fort Hood, TX to increase realistic training



DISCUSSION

- Is there a need to validate formal training meets real world requirements? If so how?
- Gap between SPEARR/EMEDS ability to provide care for Critically ill patients for more than 12 Hours
 - Pallet constraint prevents additional supplies for EMEDS
 - Does EAST UTC, MASF UTC provide supplies, tentage, PMI equipment to provide critical care capability as well as routine patient care capability until plan arrives
 - SPEARR/EMEDS Basic does not possess capability to care for RON patients (lack of supplies and equipment.) Where will RON patients be housed ?
 - Develop “special” equipment/ personnel UTC to provide clinical capability to cover gap in care for RON and urgent patients



QUESTIONS?

